

Land Surveyor In Training

Arkansas Board of Registration for Professional Engineers and Land Surveyors

P.O. Box 3750
Little Rock, AR 72203

Applicant's Name

Note: The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward directly to the Board with the understanding that it will be held in strict confidence.

(Please use black typewriter ribbon or a dark ball-point pen)

PERTAINING TO APPLICANT

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____
3. Applicant is employed by _____
4. Applicant's general reputation and character are _____
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) _____
7. Would you entrust the applicant with responsibility for an important surveying project involving the welfare and safety of the public? Yes _____ No _____ If no, why? _____
8. In your opinion has the applicant had experience in (a) boundary surveys ☐ (b) area surveys ☐ (c) mapping ☐ (d) land descriptions ☐ and other surveying work which justify applicant's registration as a land surveyor.
9. The following is my evaluation of the applicant's ability as a land surveyor.

PERTAINING TO REFERENCE

My business of profession is:

I am a registered professional land surveyor in the state of _____ Reg.No. _____

I am associated with:

Address:

Please Type or Print Your Name _____ Signature _____

Telephone: _____ Date: _____